

Georgia Department of Community Affairs
Community HOME Investment Program
HOMEOWNER REHABILITATION ASSISTANCE COMPLETION FORM

Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision	Name and Phone Number of Person Completing Form:
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A. General Information

1. Name of Participant:	2. DCA Project Number:
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B. Activity Information

1. Property Type (enter code): _____ (1) 1-4 Single Family (2) Condominium (3) Cooperative (4) Manufactured Home	2. Completed Units: Total number: <u>1</u> HOME-assisted: <u>1</u>		
3. Homeowner's Name:	4. Street:		
5. City:	6. State:	7. Zip Code:	8. County Code:

C. Units

1. Of the Completed Units, the number:	<u>Total</u>	<u>HOME-assisted</u>	
Meeting Energy Star standards:	_____	_____	
504-accessible:	_____	_____	
2. After Rehabilitation Value of Unit \$ _____			
2. Period of Affordability: If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability. PJ-imposed period of affordability: _____ years.			

D. Costs

Totals

1. HOME Funds		
(1) Amortized Loan	\$0	
(2) Grant (includes Project Delivery Costs & Lead Related Construction Costs)	\$	
(3) Deferred Payment Loan (DPL) – (includes Non-Lead Related Construction Costs)	\$	
(4) Other	\$0	
Total HOME Funds		\$
2. Public Funds		
(1) Other Federal Funds (including USDA, local CDBG)	\$	
(2) State/Local Funds	\$	
(3) Tax Exempt Bond Proceeds	\$	
Total Public Funds		\$
3. Private Funds		
(1) Private Loans	\$	
(2) Owner Cash Contribution	\$	
(3) Private Grants	\$	
Total Private Funds		\$
4. Activity Total Funds [or Total HOME, Public and Private Funds at this address]		\$

E. Beneficiaries (Use codes indicated below)

Unit #	# of Bdrms	# of Occupants	% Med	\$ amt of Income	Hispanic Y/N	Race	Household		Household Type
							Size	Special Needs Person with a Disability in Household #	
FHA Insured (Y/N)?									

of Bdrms

0 – SRO/Efficiency
 1 – 1 bedroom
 2 – 2 bedrooms
 3 – 3 bedrooms
 4 – 4 bedrooms
 5 – 5 or more bedrooms

Occupant

1 – Tenant
 2 – Owner
 9 – Vacant Unit

Household % Med

1 – 0 to 30%
 2 – 30+ to 50%
 3 – 50+ to 60%
 4 – 60+ to 80%

Race of Head of Household

11 – White
 12 – Black/African American
 13 – Asian
 14 – American Indian/Alaska Native
 15 – Native Hawaiian/Other Pacific Islander
 16 – American Indian/Alaska Native & White
 17 – Asian & White
 18 – Black/African American & White
 19 – American Indian/Alaska Native & Black/African American
 20 – Other Multi Racial

Household Size

1 – 1 person
 2 – 2 persons
 3 – 3 persons
 4 – 4 persons
 5 – 5 persons
 6 – 6 persons
 7 – 7 persons
 8 – 8 or more persons

Household Type

1 – Single, non-elderly
 2 – Elderly
 3 – Single parent
 4 – Two parents
 5 – Other

Assistance Type

1 – Section 8
 2 – HOME TBRA
 3 – Other federal, state or local assistance
 4 – No assistance